



SUPPLIER QUALITY SYSTEM SURVEY

Instructions: Complete and fax back to KOOLTRONIC Purchasing Dept.
(609) 466-1114 or email purchasing@kooltronic.com

This survey has been provided as part of our supplier qualification process. The information is treated in strict confidence and your cooperation is appreciated.

Section 1 – Supplier Profile

Required

Company Name:				Please return completed form within 10 days.
Address:				
City/State/ Zip Code:				
Telephone No.:		Email:		
Products & Services (Check one)	Manufacturer	Distributor	Service	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Required

Size, Operational Profile & Location(s)							
Total Number of Employees:			Direct:		Indirect:		
Facility Location(s):							
Location	Years	Sq Ft Mfg	Sq Ft Whse	Sq Ft Total	Shifts	No. Emp.	
Employee Union(s): Yes <input type="checkbox"/> No <input type="checkbox"/>							
If "YES", please indicate contract expiration date(s):							
Scheduled Facility Vacations/Shutdowns:							

Business Category (Please choose all that apply):	
Small Business	<input type="checkbox"/>
Woman Owned	<input type="checkbox"/>
BusinessHUBZone	<input type="checkbox"/>
Veteran Owned	<input type="checkbox"/>
Service Disabled Veteran	<input type="checkbox"/>
Other	<input type="checkbox"/>
(if other, please explain:	

Required

Customers References:				
Name	Years	Quality Rating	Delivery Rating	Period

Section 2. Supplier Survey

Required

1. Are you Registered / Certified to a Quality Standard(s):			
- ISO9001	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
- ISO17025	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
- ISO13485	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
- Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If "Other", please identify:		Date of last audit:	
If "Yes", please submit a copy of certification, If "No", please submit a copy of your Quality Manual.			
2. If planning to become certified, please indicate the standard below:		Expected date:	
3. Do you have a Disaster Recovery Contingency Program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "No", please describe the backup plan to ensure delivery of the product:			

Key Contact(s) (Optional)			
Department	Contact Name	Title	Phone/Email
Quality			
Finance			
Sales			

KOOLTRONIC USE ONLY	Existing Supplier <input type="checkbox"/>	New Supplier <input type="checkbox"/>
Reason for Evaluation (check one):		
Scheduled Evaluation <input type="checkbox"/>		
Specific Issue <input type="checkbox"/> Explain:		